PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
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Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Application Number 0		09/767809-Conf. #3730 💎 🦯		
FEE TRANSMITTAL					Filing Date J		January 23, 2001		
For FY 2005				First Named Inventor P		Philip BRAICA			
<u> </u>	FOIF	1 200	<u> </u>		Examiner Name	F	P. Tran		
Applican	nt claims small er	ntity status.	See 37 CFR 1.27		Art Unit 2		2621		
TOTAL AMOU	NT OF PAYM	ENT	(\$) 1,370.00	0	Attorney Docket No. OAQ-021				
METHOD OF	PAYMENT	(check all t	hat apply)						
Check	Check Credit Card Money Order None Other (please identify):								
X Deposit Ac	X Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP								
For the	above-identifie	ed deposit	account, the Di	rector is	hereby authorize	ed to: (chec	k all that apply)		
хc	harge fee(s) in	dicated be	low		Charg	e fee(s) indi	icated below, ex	cept for t	he filing fee
	harge any addi e(s) under 37		s) or underpayr and 1 17	ment of	x Credit	any overpa	yments		i
FEE CALCU									
1. BASIC FILIN		AND EXAM	MINATION FEE	s					
			G FEES		ARCH FEES	EXAMIN	ATION FEES		
Application T	vne	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Foos F	Paid (\$)
Utility	1PC	300	150	500	250	200	100	1 003 1	αια των
Design		200	100	100	50	130	65		
Plant		200	100	300	150	160	80		
Reissue		300	150	500	250	600	300		
Provisional		200	100	0	0	0	0		··
2. EXCESS CL	AIM FEES								Small Entity
Fee Description Each claim over 20 (including Reissues) Fee (\$) Fee (\$) 50 25									
Each independe	, ,							200	100
Multiple depend		(.g .10.00000)					360	180
Total Claims	Extra Cla	aims F	ee (\$)	Fee F	aid (\$)	Mu	Itiple Depende	nt Claims	
42	- 35 = 7		50.00 =	35	0.00	Fee	<u> (\$)</u> <u>F</u>	ee Paid (\$	1
Indep. Claims	Extra Cla		ee (\$)	Fee F	'aid (\$)				
3. APPLICATIO	-5= N SIZE FEE	× _							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = /50 (round up to a whole number) x =									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)									
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00									
SUBMITTED BY									
Signature	Klun	1		_	Registration No. (Attorney/Agent)	35,470	Telephone	(617) 22	7-7400
Name (Print/Type)	Kevin J. Ca	nning	0				Date [December	6, 2005

SUBMITTED BY					
Signature	Klund C	Registration No. (Attorney/Agent)	35,470	Telephone	(617) 227-7400
Name (Print/Type)	Kevin J. Canning			Date	December 6, 2005

Express Mail Label No. EV 553870679 US Dated: December 6, 2005

PTO/SB/22 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37	Docket Number (Optional)						
FY 2005	OAQ-021						
(Fees pursuant to the Consolidated Appropriations Act, 20							
Application Number 09/767809-Conf. #3	Filed Janu	ary 23, 2001					
For EDGE DETECTION AND SHARPENING PROCESS FOR AN IMAGE							
Art Unit 2621	Examiner	P. Tran					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.							
The requested extension and fee are as follows (check	time period desi	red and enter the appro	priate fee below):				
	<u>Fee</u>	Small Entity Fee					
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$				
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$				
X Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1,020.00				
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$				
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$				
Applicant claims small entity status. See 37 CFR 1.27.							
A check in the amount of the fee is enclosed.							
	ached						
Payment by credit card. Form PTO-2038 is attached.							
X The Director has already been authorized to charge fees in this application to a Deposit Account.							
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080 . I have enclosed a duplicate copy of this sheet.							
Lara Ma							
I am the applicant/inventor.							
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
attorney or agent of record. Registration Number35,470							
attorney or agent under 37 CFR 1.34.							
Registration number if acting under 37 CFR 1.34							
Klind	December	6, 2005					
Signature O	Date						
Kevin J. Canning	(617) 227-7400						
Typed or printed name Telephone Number							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
Total of 1 forms are submitted	1 .						

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